

Department of Administrative Services
FBS SFMS Operations
155 Cottage St NE 1st Floor
Salem OR 97301-3963

Date Sent to DAS-SFMS

Date Received – SFMS Use Only:

Date Cancelled – SFMS Use Only:

Agency #

Payment # (Warrant Number)

Doc # (Doc No on the 44 screen)

PLEASE INCLUDE THE ENTIRE WARRANT NUMBER

- 001 – Incorrect Vendor ID
- 002 – Incorrect Amount

- 003 – Unable to Deliver
- 004 – Duplicate Payment

- 005 – Duplicate Run
- 006 – Other

Authorized Signature

Phone Number

Write CANCEL on the warrant(s), IN INK. Cut cancellation form on the line (3 per page), with one Cancel reason code checked. STAPLE the form on top of the warrant ONCE on the LEFT side, and send signed form to SFMS.

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